

Home and Community-Based Medicaid Waiver Services

Aged and Disabled Medicaid Waiver Update

March 2016



Welcome!

Nebraska Medicaid is seeking stakeholder feedback on its
Medicaid Waiver renewal application.

Today, we will share changes that are included in the
Aged and Disabled Waiver renewal application.



Presentation Overview

- Aged and Disabled Waiver Application and Renewal Information
- Questions and Answers



Aged and Disabled Waiver Application

The following slides present changes in the Waiver renewal application, organized by topic.

If there is a change with the renewal application, examples of quality improvement (QI) performance measures also are provided.

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Topics

Expectations of the States' Contractors (Appendix A)

Participant Services (Appendix C)

Service Plans (Appendix D)

Health and Welfare (Appendix G)

Financial Accountability (Appendix I)



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Expectations of the States' Contractors & Participant Services

- The Waiver includes Medicaid's new contractor for provider enrollment. The provider screening and enrollment (PSE) broker now handles enrolling providers in Medicaid.
- Previously, State resource development staff and contracted resource development staff at community agencies enrolled providers.



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Expectations of the States' Contractors

- A new federal rule set requirements for monitoring settings where waiver services are provided. The State must ensure that settings do not isolate individuals, and that policies and practices support individual self-determination and choice.
- **QI**: The Waiver application includes a new performance measure to monitor progress in meeting “settings requirements.”



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Expectations of the States' Contractors

- The Waiver application emphasizes the purpose of participant and family surveys - to measure satisfaction and outcome needs.
- **QI**: Surveys are to be conducted, at a minimum, every three years. It is clarified that they may be conducted more frequently at the State's discretion.



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Participant Services

- The per person maximum for assistive technology support services (\$5,000), which was set in 1998, was removed.
- The State is establishing an annual maximum payment for each of two services: assistive technology supports and home modifications. Assistive technology is based upon individual needs assessment.



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Participant Services

- School attendance through a bachelor's degree is a valid reason for child care to be provided. Graduate and post-graduate studies are excluded. This is clarified in the renewal application.
- The requirement for home-delivered meals to be delivered daily was removed. Meals are delivered according to the individual's needs and preferences.



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Participant Services

- The Aged and Disabled Medicaid Waiver service is no longer using a transportation broker to provide non-medical transportation. The reference to a contractor to verify the qualifications of transportation providers is removed.
- A list of crimes that would disqualify a person from being a provider was removed.



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Service Plans

The renewal application:

- Outlines the steps in the assessment process.
- Clarifies that an individual's Plan of Services and Supports must be in place before services are authorized.
- Clarifies the role of the guardian in developing the service plan.
- Adds interest or motivation to eat as a nutrition and hydration concern.



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Service Plans

QI:

Performance measures for service plan monitoring are more specific. There are two separate measures for:

- Files include the current service plan.
- Files indicate the client or legal representative was involved in developing the service plan.



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Health and Welfare

- CMS added a sub-assurance related to incident management.
- **QI:** As a result, incident reporting is moved to a different category in the waiver renewal application. The State continues to assure CMS that incidents are tracked, aggregated, and that this informs quality improvement efforts.



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Health and Welfare

- Adult protective services information is updated to match current regulations, policies, and practice.



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Health and Welfare

CMS added sub-assurances related to restrictive measures and health outcomes.

QI:

As a result, two new measures were added:

- Restrictive measures, such as restraints or seclusion, are not used.
- Individuals are seen by a medical provider when appropriate.



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Financial Accountability

CMS added a sub-assurance related to financial accountability.

QI:

As a result, more specific measures are used to monitor financial accountability.

- Examples include the cost of services, accuracy of payments to providers, accurate claims processing, and no duplicate billing.



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Quality Improvement

- The HCBS Waiver Quality Subcommittee meeting is changed from monthly to at least quarterly (or four times per year).



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Quality Improvement

- When the review of an individual client's file identifies an area of improvement needed, the local community agency has 45 days to fix the issue.
- Previously, it was listed as 30-60 days.



Questions and Comments?





For More Information

View the Aged and Disabled Waiver Renewal Application at the DHHS Division of Medicaid and Long-Term Care website at:

http://dhhs.ne.gov/medicaid/Pages/medicaid_index.aspx

For questions, contact:

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Thank you!